

CONSTRUCTION SECTION

SEP 01 2015

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## Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HAL045001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  B. WING: _____		(X3) DATE SURVEY COMPLETED  08/12/2015
NAME OF PROVIDER OR SUPPLIER  CARDINAL CARE CENTER-HENDERSONVILLE		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 WEST ALLEN STREET HENDERSONVILLE, NC 28739			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 000	Initial Comments  This is a Report of a Biennial Construction Survey conducted by Greg Cates and Dennis Harrell on August 12, 2015  Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about July 7, 1988 for Sixty (60) residents. Based on this information, we are requiring the facility to meet the 1987 Minimum Standards and Regulations for Homes for the Aged and Disabled; the applicable portions of the 2005 Rules for Adult care Home of Seven or More Beds; and the 1978 Edition of the North Carolina State Building Code, Revision 8 -Section 409 Institutional Occupancy.	C 000	Submission of this response and plan of correction is not a legal admission that the deficiency was correctly cited. It is not to be construed as an admission of interest against the facility, the Administrator, Director of Nursing or any employee, agent or other individuals who draft or may be discussed in the Plan of Correction.		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;  This Rule is not met as evidenced by:	C 101	In addition, preparations and submission of this Plan of Correction does not constitute any admission or agreement by the facility of the truth of any facts alleged or correction of any conclusions set forth in this allegation by the survey agency. For the deficiencies cited during this survey, this facility has developed a Plan of Correction with regulations. We would like you to accept this POC as our credible allegation of compliance.		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

DATE FORM

Chris Dicks  
Executive Director

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8-31-15

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C 101	Continued From page 1  1- Based on observations, the facility failed to ensure that the building meets the NC State Building Code regarding emergency exiting. This deficiency directly affects all residents, personnel, and visitors who may have to exit the facility in an emergency.  Findings on include:  a- The emergency release buttons for the magnetic locks located at all EXITS are momentary release buttons, allowing the doors to re-lock after approximately 30 seconds.	C 101	C 101  We have contacted the Southern Alarm Security to change all the release buttons for all exit doors so they will remain unlocked unit system is reset.	8-31-15	
C 154	Entrances/Exits-Wanderer Alarms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (h) The requirements for outside entrances and exits are: (4) In homes with at least one resident who is determined by a physician or is otherwise known to be disoriented or a wanderer, each exit door accessible by residents shall be equipped with a sounding device that is activated when the door is opened. The sound shall be of sufficient volume that it can be heard by staff. If a central system of remote sounding devices is provided, the control panel for the system shall be located in the office of the administrator or in a location accessible only to staff authorized by the administrator to operate the control panel.  This Rule is not met as evidenced by: 1- Based on observations and interviews with the staff, the facility has failed to have a system for monitoring all exit doors in accordance with this Rule. This may affect any disoriented resident if	C 154	C154  We will put sounding alarms on all doors leading to the secured courtyard to notify employees that the door has been opened.	8-31-15	

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C 154	Continued From page 2 not supervised.  Findings include: a- The two exit doors from the back and middle corridors lead into the secure courtyard and are kept unlocked at all times and are equipped with no sounding devices. There was no method identified to prevent residents who may be disoriented from going outside into the courtyard during times of extreme temperatures or weather.	C 154			
C 164	Housekeeping and Furnishings-Clean, Repaired  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observation, the facility has failed to keep the building and its environment clean and maintained.  Findings include: a- There is a pattern exhibited where the HVAC returns throughout the facility have a large amount of dust and lint accumulated on the grill vents and radiation dampers. b- There is a pattern exhibited where the exhaust fans in most locations have a large amount of dust and lint accumulated on the grill vents and radiation dampers.	C 164	C164  (a) We have instituted a pattern of systematically cleaning all dust and lint from grill vents and radiation dampers.  (b) we have instituted a pattern of cleaning dust and lint from exhaust fans weekly.	8-31-15	

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C 166	Housekeeping-Maintained Free of Hazards  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities.  This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards.  Findings include:  a- The doors located in the following locations are being held open using a wedge or other means that may prevent them from closing easily in an emergency. Locations include but are not limited to: 1- Beauty Shop (Wedge) 2- Fire doors outside the Beauty Shop (Chairs)	C 166	C166  We have removed all wedges and instructed all employees not to hold open doors in building with chairs, wedges or other hard to move items.	8-26-15	
C 189	Building Equipment Maintained Safe, Operating  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.	C 189			

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C 189	Continued From page 4  This Rule is not met as evidenced by: 1- Based on observations, fire safety systems are not maintained safe and operating. These deficiencies may affect residents, staff, or visitors who live, work, or visit the facility.  Findings include:  a- The EXIT signs located in the following areas do not work on battery power. Locations include but are not limited to: 1- Kitchen 2- Living Room  4- Based on observations, the facility failed to ensure that the building is safe by not maintaining the fire resistance of building components. This deficiency directly affect all residents, personnel, and visitors by allowing the possible spread of smoke beyond the compartment of origin.  Findings on include:  a- There are unprotected penetrations in the following locations to include but not limited to: 1- Around the gas piping in the Pantry. 2- Around the stove fire suppression piping in the kitchen. 3- In the ceiling of the Med Room 4- The interior wall of the Med Room 5- The Mechanical Room opposite Room 110 (foam) 6- Around the plumbing lines and electrical conduits in the Laundry Room. b- The smoke doors located at Room 102 do not completely close and latch.	C 189	C189  (a) 1. Kitchen exit sign was replaced. (b) 2. bulbs were replaced in living room exit sign        4. (a) 1. Sealed with fire caulk 2. Sealed with fire caulk 3. Sealed with fire caulk 4. Sealed with fire caulk 5. Cut out foam and replaced with sheet rock mud. 6. Sealed with fire caulk.  (b) Door was planed down, and we adjusted latch speed. Doors closed and locked 3 out of 3 times on trial.	8-31-15	8-26-15	8-26-15

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